

Milburn proposes to decentralise the NHS

Jacqui Wise *London*

The number of health authorities in England will be cut from 99 to 30 as part of a radical reorganisation of the NHS.

Launching the NHS Modernisation Agency, the health secretary, Alan Milburn, said that the new plans would give more power to frontline staff and release £100m (\$140m) for patient care.

By 2004, two thirds of the 99 health authorities will have merged, with many of their responsibilities devolved to primary care trusts. The 30 remaining "strategic health authorities" will monitor the performance of local health services and provide a link with the Department of Health. Each will cover an average population of 1.5 million, broadly corresponding to the emerging clinical networks, such as for cancer services.

Primary care trusts will be responsible for identifying and commissioning the health services needed by local people. By 2004 they will be responsible for allocating 75% of the NHS budget of £57bn. They will be accountable to the new health authorities but will have greater

operational freedom than they currently do.

Mr Milburn said: "This new flatter structure will help liberate local services so that they can get on with the business of reform. It will also free over £100m from bureaucracy for investment in frontline services."

The NHS Confederation, which represents NHS trusts, primary care trusts, and health authorities, broadly welcomed the move. Its chief executive, Stephen Thornton, said that the reduction in the number of health authorities was a sensible and logical step to take and that health authorities were already taking on some of the key roles of the strategic health authorities.

But he warned: "The money saved from reducing the number of health authorities needs to be ploughed back into supporting doctors, nurses, and managers in primary care trusts."

The BMA's chairman, Dr Ian Bogle, said: "The awareness of what is required for patients rests at local level, and the people who are delivering and receiving health care in an area are the ones who are likely to know where local investment should be made."

"But anything that involves taking doctors away from their patients is going to increase the workforce and workload problems that are already there. Local decision making will only work if generous resources are



This life size skeletal figure made from transparent plastic is part of an exhibition, *Foreign Bodies*, which is opening at the London School of Hygiene and Tropical Medicine next week. The figure is by Carol Burt, one of the 14 fine art students at the Central Saint Martins College of Art and Design whose work is being shown.

provided locally to allow that process to happen."

A spokesperson for the King's Fund, an independent healthcare charity based in London, said: "It is easy to re-jig

structures, but too much reorganisation can be very disruptive. For the new system to work there needs to be a lot of support on the ground and a hands off attitude from Whitehall." □

US report finds no link between MMR and autism

Charles Marwick *Washington, DC*

A new report from the US Institute of Medicine has rejected an association between autism and childhood immunisation with the MMR (measles, mumps, and rubella) vaccine.

Dr Marie McCormick, chairwoman of the committee that drafted the report, said that on the basis of the evidence "no change in MMR immunisation procedures is warranted at present." Dr McCormick, professor of maternal and child health, Harvard School of Public Health, Boston, spoke at a press conference held by the institute

as the report was released.

In one of the more strongly worded statements on the issue to have appeared since the association between MMR vaccine and autism was first suggested, the report cites the lack of epidemiological evidence showing an association and insufficient data from case reports, including the initial 1998 report in the *Lancet* (1998;351:637-41), to either prove or disprove causality. It also describes the biological models linking MMR vaccine to autism as fragmentary.

The committee weighed evi-

dence from at least nine studies since the initial 1998 report reviewing the association between MMR vaccine and autism.

At the same time, the institute's report said that it did not exclude the possibility that MMR vaccine could, in rare cases, contribute to what it terms "autistic spectrum disorders." It goes on to note the high level of concern about the safety of MMR vaccine and that this must be addressed. "There is need for continued attention to this," said Dr McCormick.

The report made it clear that the benefits of immunisation far outweighed any risk associated with MMR vaccination. "No vaccine is 100% safe," said Dr McCormick, but she noted that, if left unchecked, diseases such as measles, mumps, and rubella

could cause considerable sickness and death.

The report noted that before the vaccine was introduced in 1963 there were four million cases of measles reported annually in the United States; in 1999 there were only 100 reported cases. Before 1963, complications from measles were common: annually there were 150 000 cases of respiratory complications, 100 000 cases of otitis media, 48 000 admissions to hospital, 7000 cases of seizures, and 4000 cases of encephalitis; overall, an estimated 4000 to 8000 deaths from measles complications occurred annually. □

Immunization Safety Review: Measles-Mumps-Rubella Vaccine and Autism is available on the internet (www.nap.edu).